

FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-875)

SERIAL NO. **10/534149** FILING DATE _____
 APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/				
2		/				
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50						
TOTAL IND.	2					
TOTAL DEP.	28					
TOTAL CLAIMS	30					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						